Name in Full: Eva Amspacher.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brooklyn — County: Anne Arundel

Date of death 1904 — Month: 8 — Day: 17 — Age — Years: — Months: 10 — Days: 25

Sex: Female — Color or Race: White — Birthplace: Penna.

Occupation: — Where Residing if not at place of death: First St, Brooklyn

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Amspacher, A. W. — Father's Birthplace: Penna.

Mother's Maiden Name: — Mother's Birthplace: Penna.

Name of person giving information: A. W. Amspacher — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro. Enteritis — How long: 105

Immediate: Exhaustion — How long: 1 Day

Are the name, age, sex, color, date and place correctly given above? Copy by H. T.

Signature of Physician: Dr. M. A. Fair,

Address: 126 25th St Brooklyn, Md.

Accident or Suicide?

LIBRARY BUREAU A63316

Name in Full: Corrah Boston

CERTIFICATE OF DEATH

MARYLAND

Died at: Annapolis | Town: Md | County: a

Date of death 190 4: Month: Aug | Day: 9 | Age: Years: 2 | Months | Days

Sex: male | Color or Race: Colad | Birthplace: Annapolis

Occupation: — | Where Residing if not at place of death: —

Married, Single or Widowed: — | Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Boston | Father's Birthplace: Southriver Md

Mother's Maiden Name: Nellie Ayres | Mother's Birthplace: Annapolis Md

Name of person giving Information: William Boston | How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Enteritis | How long: 5 days

Immediate: Asthenia | How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John Riordan M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A888 16

Name in Full: Mary Baldwin Brittain

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis — County: Anne Arundel

Date of death: 1904 — Month: Aug — Day: 10

Age — Years: — Months: 1 — Days: 9

Sex: Female — Color or Race: White — Birthplace: Johns Hopkins Hosp, Baltimore

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Carlo B. Brittain — Father's Birthplace: Pineville, Ky

Mother's Maiden Name: Mary E. Baldwin — Mother's Birthplace: Richmond

Name of person giving information: Carlo B. Brittain — How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera infantum — How long: 24 days.

Immediate: Inanition — How long: 10 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Clarence F Ely asst Surgeon U.S.N.

Address: Naval academy U.S.N.

Accident or Suicide? —

LIBRARY BUREAU A8881

Name in Full: Alice E. Carr

CERTIFICATE OF DEATH

MARYLAND

Died at: Severn | Town | County

Date of death 1904 | Month: Aug | Day: 9 | Years: Age | Months: 13 | Days:

Sex: male | Color or Race: Colored | Birthplace: Severn

Occupation: | Where Residing if not at place of death:

Married, Single or Widowed: | Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: W H B Carr | Father's Birthplace: Severn

Mother's Maiden Name: Alice Right | Mother's Birthplace: Severn

Name of person giving Information: for W H B Carr | How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever | How long:

Immediate: | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. D. Pindell

Address: St. Margarets

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Nandy Chambers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Parole — County: a a Co

TO BE ANSWERED BY NEAREST FRIEND

Date of death: Month: 4 aug — Day: 31 St — Years: 5 — Months: — Days: —

Sex: Female — Color or Race: Colored — Birthplace: a a Co

Occupation: house work — Where Residing if not at place of death: Camp Parole

Married, Single or Widowed: married — Name of Wife or Husband: John Chambers

Father's Name: Henry Landy — Father's Birthplace: a a co,

Mother's Maiden Name: Sabina Crawford — Mother's Birthplace: P G Co.

Name of person giving In formation: Elizer Chambers — How related to deceased: daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Caicinoma — How long: 8 months

Immediate: Heart failure — How long: 24 hours.

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: Joseph L Johnson

Address: 60 Cathedral St. Annapolis Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name of ~~Child~~ In full Clarence Chaney

Certificate of ~~Birth~~ Death

Born at Town Annigers County Anne Arundel MARYLAND

Date 1904 Month Aug Day 18 ~~White~~ ~~Colored~~ ~~Male~~ ~~Female~~ ~~Living~~ Still Born ~~Number of Child: 1st 2nd 3rd 4th 5th 6th 7th 8th 9th~~

Father's Name in Full Charles Chaney Age Birthplace Anne Arundel Co Md

Occupation of dec'd. Farmer Birthplace Anne Arundel Co Md

Mother's Maiden Name Elizabeth Meek Age Born in Anne Arundel Co. Md

~~Cause of Death~~ ~~Occupation~~ Intercolosis of liver Birthplace

Reported by Geo. H. Crane Physician, ~~Midwife, Parent~~

Address Annigers Anne Arundel Co Md

~~If child is not named, send case as early as possible.~~

LIBRARY BUREAU A59306

Name in Full Clarence Chaney

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Irvington (County) Anne Arundle

Date of death 1904 (Month) Aug (Day) 18. **Age** (Years) (Months) (Days)

Sex Male | Color or Race White | Birthplace Anne Arundle

Occupation Farmer | Where Residing if not at place of death

Married, Single or Widowed | Name of Wife or Husband

Father's Name Charles Chaney | Father's Birthplace Anne Arundle

Mother's Maiden Name Elizabeth Meeks | Mother's Birthplace " "

Name of person giving Information | How related to deceased

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary Tuberculosis of Lungs | How long

Immediate | How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Geo F Crane

Address Irvington Anne Arundle Co Md

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: Edward L. M. Cook

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Severn Md County:

Date of death 190x	Month	Day	Years	Months	Days
	my	25	Age	11	

Sex: male Color or Race: Birthplace: Severn

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

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TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George Cook Father's Birthplace: Severn

Mother's Maiden Name: Hubard Stanbery Mother's Birthplace: Kent Island

Name of person giving information: George Cook How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malaria Infantum How long: Dec

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Hidout M.D.

Address: Severn

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full ——— Cooper

CERTIFICATE OF DEATH

MARYLAND

Died at Town Annapolis County A A

Date of death 1904 Month August Day 15th Years Months Days

Age

Sex Male Color or Race Colored Birthplace Annapolis

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Julius H. Cooper Father's Birthplace Annapolis

Mother's Maiden Name Mary E. Simms Mother's Birthplace (illegible)

Name of person giving information Mother How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Stillborn S. How long

Immediate How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician John Ridout M.D.

Address Annapolis Md.

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Florence Virginia Cooper.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundel

Date of death 1904 — Month: Aug. — Day: 10th — Age: Years 33 — Months — — Days —

Sex: Female — Color or Race: colored — Birthplace: West River Anne Arundel Co. Md.

Occupation: Comparison — Where Residing if not at place of death:

Married, Single or Widowed: widowed — Name of Wife or Husband: Greenbury Cooper

Father's Name: Alexander Dennis — Father's Birthplace: West River Md

Mother's Maiden Name: Sydonia Thornton — Mother's Birthplace: Balto. Md.

Name of person giving In formation: E. D. Snowden — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulm. — How long: 10 months

Immediate: Exhaustion — How long: 2 Wks.

Are the name, age, sex, color. date and place correctly given above? yes

Signature of Physician: William Birkhead M.D.

Address: 74 Church Circle Annapolis Md.

Accident or Suicide?

LIBRARY BUREAU A88310

Name in Full: Catarzyna Czerniak

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) East Brooklyn, Wagner's Pt. (County) Anne Arundel Co. –

Date of death 1904 Month Aug. Day 8 Years Age 42 Months 10 Days

Sex Female Color or Race White Birthplace Prussian Poland

Occupation Housewife Where Residing if not at place of death 1 place of death, 118 3d Ave

Married, ~~Single or Widowed~~ married Name ~~of Wife or~~ Husband Jan Czerniak

Father's Name Konieczny Father's Birthplace Prus. Poland

Mother's Maiden Name Not Known Mother's Birthplace " "

Name of person giving Information Marianna Czerniak How related to deceased Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Abdominal Cancer How long 2 yrs 9 3 mos.

Immediate Asthenia How long

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician L. Josephson M.D.

Address 2308 S. Bond St.

~~Accident or Suicide?~~

LIBRARY BUREAU A66616

Name in Full: Iva Louise Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: McKendree; County: Lamentel

Date of death: Month: Aug. Day: 7 1904

Age: Years: 1 Months: 3 Days:

Sex: Female

Color or Race: Black

Birthplace: A. A. Co. Md.

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Lewis Davis

Father's Birthplace: Md.

Mother's Maiden Name: Irene Dorsey

Mother's Birthplace: Md.

Name of person giving Information: Joseph Jones.

How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus

How long: Several months

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. H. Perrie.

Address: McKendrie, Md.

Accident or Suicide?

LIBRARY BUREAU ABBOTT

Name in Full: William Kirby Dawson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mayo — County: Anne Arundel

Date of death 1904 — Month: Aug — Day: 16 — Age — Years: — Months: 6 — Days: 2

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation — Where Residing if not at place of death: Anne Arundel Co

Married, Single or Widowed — Name or Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Milton Dawson — Father's Birthplace: A. A. Co.

Mother's Maiden Name: Nola Bullen — Mother's Birthplace: Maryland

Name of person giving Information: Nola Bullen — How related to deceased: Mother

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 1 month

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Collinson

Address: South River Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: James Drake

CERTIFICATE OF DEATH

MARYLAND

Died at: Drake — Town: [illegible] — County: A A

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: Aug.	Day: 9	Age: Years 9	Months	Days
Sex: Male	Color or Race: White		Birthplace: A.A.Co. Md		
Occupation: Schoolboy	Where Residing if not at place of death: —				
Married, Single or Widowed: Single	Name of Wife or Husband: —				
Father's Name: Robert Drake			Father's Birthplace: Md		
Mother's Maiden Name: Julia Hudson			Mother's Birthplace: Balto. Md		
Name of person giving Information: F. O. Leatherbury			How related to deceased: Cousin		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Enteritis		How long: 12 Days
Immediate: Exhaustion		How long: —
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: Geo T Dent	
	Address: Churchton	
Accident or Suicide?		

LIBRARY BUREAU A88816

Name in Full: John De Gross

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Botkin Creek (County) Anne Randul

Date of death 1904 (Month) Aug (Day) 28th

Age (Years) (Months) (Days)

Sex

Color or Race: White

Birthplace

Married, Single or Widowed: Widower

Occupation: Contractor

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accidental drowning

How long

Immediate: Drowning

How long: 6 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of ~~Physician~~ Coroner: Fred. L. Pfeffer

Address: 1218. First. street

Balto. Co. Md.

Accident or Suicide? Accident

LIBRARY BUREAU A88516

Crowley Bros
Jersey City N.J.

Name in Full: John Diggs

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: a a

Date of death: 1904 Month: aug Day: 13

Age: Years: a Months: 4 Days: 6

Sex: Male

Color or Race: Colored

Birthplace: Annapolis

Occupation:

Where Residing if not at place of death: 9 Monument St.

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: David Diggs

Father's Birthplace: a a Co

Mother's Maiden Name: Maud Johns

Mother's Birthplace: a a Co

Name of person giving information: Maud Diggs

How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: Since Birth

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout MD

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A58814

Name in Full: Robert Vinton Dove

CERTIFICATE OF DEATH

MARYLAND

Died at: East Fork — Town — County: Anne Arundel

Date of death: 1904 — Month: Aug — Day: 22. — Age — Years: — Months: 6. — Days: 14

Sex: Male — Color or Race: White — Birthplace: Annapolis

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Louis A. Dove — Father's Birthplace: Annapolis

Mother's Maiden Name: Elizabeth E. Tuckett — Mother's Birthplace: Annapolis

Name of person giving In formation: Louis A Dove — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero - colitis — How long: 4 weeks

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes-

Signature of Physician: W. Clement Claude M.D.

Address: 95 St. John St. Annapolis, Md.

Accident or Suicide? —

LIBRARY BUREAU A28816

Name in Full: Ringgold Dorsey Duvall.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: A. A. Co.

Date of death 1904: Month: Aug.; Day: 27.

Age: Years: 43; Months: —; Days: 15

Sex: Male

Color or Race: White

Birthplace: A. A. Co.

Occupation: Farmer

Where Residing if not at place of death: Annapolis Md.

Married, Single or Widowed: Married

Name of Wife or Husband: Mary W. Duvall

Father's Name: Samuel E. Duvall

Father's Birthplace: A. A. Co.

Mother's Maiden Name: Elizabeth B. Seymour

Mother's Birthplace: A. A. Co.

Name of person giving information: Mrs. W. Duvall

How related to deceased: Wife.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pericarditis

How long: 4 days

Immediate: Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo. Wells M.D.

Address: Annapolis Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Georgia Edgar

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Underwood County: A. A.

Date of death: Month: Aug Day: 4 1904

Age: Years: 2 Months: 5 Days:

Sex: Female Color or Race: White Birthplace: A. A. Co Md

Occupation: None Where Residing if not at place of death: —

Married, Single or Widowed: Single Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Geo Edward Quake Edgar Father's Birthplace: Md

Mother's Maiden Name: Susie Parks Mother's Birthplace: "

Name of person giving Information: Thos Parks How related to deceased: Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteric Colitis How long: 6 Days

Immediate: Convulsions How long: 5 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos T Drury M.D

Address: Churchton

Accident or Suicide?

LIBRARY BUREAU A36616

Name in Full: Noah Edwards

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Seram — County: A A

Date of death: Month: Aug — Day: 15 — Year: 1904 — Age: Years / Months / Days

Sex: Male — Color or Race: African — Birthplace: Seram

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Grandison Edwards — Father's Birthplace: A A C

Mother's Maiden Name: Ada Harris — Mother's Birthplace: A A C

Name of person giving Information: Grandison Edwards — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: —

Immediate: Dysentery — How long: 2 mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thomas H Brayshaw

Address: Elkton

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Annie Griffin

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Harwood — County: a. a.

Date of death 1901 — Month: Aug — Day: 6 — Age — Years: 4 — Months: — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Harwood Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: John Hall — Father's Birthplace: Unknown

Mother's Maiden Name: Annie Griffin — Mother's Birthplace: Unknown

Name of person giving Information: Tom Sims — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Unknown — How long: Unknown

Immediate: Brights — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo W Bateman

Address: West River Md

Accident or Suicide? Neither

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Alice Elizabeth Harrison

CERTIFICATE OF DEATH

Died at — Town: Woodwardville — County: Anne Arundel — MARYLAND

Date of death 1904 — Month: 8 — Day: 16 — Years: Age 19 — Months: 3 — Days:

Sex: Female — Color or Race: African — Birthplace: Woodwardville

Occupation: Home Wife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Frank Harrison

Father's Name: Daniel Hawkins — Father's Birthplace: Anne Arundel Co

Mother's Maiden Name: Martha Taylor — Mother's Birthplace: Woodwardville

Name of person giving Information: Frank Harrison — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Miscarriage — How long: Two Months

Immediate: Puerpuel Fever — How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Du Bois Cuff

Address: Fountain Hills Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

CERTIFICATE OF DEATH

MARYLAND

Died at Wm C Town Hawkins County A A Co.

Date of death 1904 Month 8 Day 17 Years Age 2 years Months Days

Sex Male Color or Race Colored Birthplace Harmans Md

Married, Single or Widowed Occupation

Name of Wife or Husband

Father's Name Basil Hawkins Father's Birthplace Maryland

Mother's Maiden Name Nellie Adams 109 Mother's Birthplace Maryland

Name of person giving In formation Basil Hawkins How related to deceased Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Cholera Infantum How long Two weeks.

Immediate Convulsions. How long One hour

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician H Tongue

Address Elkridge Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Doria Hicks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: 2nd District — County: Anne Arundel

Date of death: Month: Aug — Day: 5 — 1904

Age: Years: 55 — Months: — — Days: —

Sex: Male — Color or Race: Col — Birthplace: Talbot Co Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Married — Name of Wife or Husband: Jemima Hicks

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Johns Hance — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: Months

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Richards M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88918

Name in Full

Certificate of Death

Rowanna Hopkins

Died at near Town Woodwardville County Anne Arundel MARYLAND

Date ~~1903~~ Month 1904 Day Aug. 4th | Age Y. 78 M. D. | Native of Maryland | Occupation Housekeeper

~~Male~~ / Female

White / ~~Colored~~

Married / ~~Single~~

Widow / Widower

Divorced

Number of children living 3

Husband / Wife of John Hopkins

Father's Name Jonathan Phelps

Mother's Name not known

Cause of Death: Primary Diarrhoea 106

Immediate Paralysis

How long sick Several Days

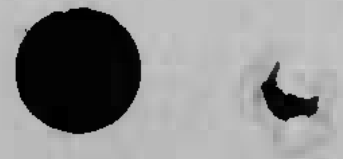
Accident, Suicide, Homicide

Reported by Saml. H. Anderson

Address Woodwardville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full: James H Jennings

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Earleigh Heights Md | County: Anne Arundel

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	Aug.	18	Age 22		

Sex: Male | Color or Race: Colored | Birthplace: Earleigh Heights

Occupation: Laborer | Where Residing if not at place of death: Earleigh Heights

Married, Single or Widowed: Married | Name of Wife or Husband: Florence Jennings

Father's Name: John Jennings | Father's Birthplace: Anne Arundel

Mother's Maiden Name: | Mother's Birthplace:

Name of person giving In formation: Florence Jennings | How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis | How long: Fifty months

Immediate: Pulmonary Congestion | How long: Ten days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J M E Campbell M.D

Address: 1369 N Carey Str Baltimore Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full [redacted] Jarvis

CERTIFICATE OF DEATH

MARYLAND

Died at 79 East St Town Annapolis County Anne Arundel

Date of death 1904 Month August Day 24 Age Years Months Days

Sex Male Color or Race Colored Dead Birthplace

Occupation Where Residing if not at place of death 79 East St

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Nick Jarvis Jr. Father's Birthplace Richmond Va

Mother's Maiden Name Connie Barnett, S. Mother's Birthplace Annapolis Md

Name of person giving Information Rachel Snowden. How related to deceased No.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Still-born How long

Immediate How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Susan Wright

Address Mid-wife Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Ernest Bertena Johnson

CERTIFICATE OF DEATH

Died at: Town: died at annapolis — County: anne arundel Co

MARYLAND

Date of death 1904: Month: Aug — Day: 22

Age: Years: — Months: 8 — Days:

Sex: female — Color or Race: colored — Birthplace: annapolis md

Occupation: —

Where Residing If not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Johnnie Johnson — Father's Birthplace: annapolis

Mother's Maiden Name: Mary Brown — Mother's Birthplace: annapolis

Name of person giving In formation: Mary Brown — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John R. Dorsett M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A66618

Name in Full: Emma Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis — County: a a co

TO BE ANSWERED BY NEAREST FRIEND

Date of death: 1904 — Month: Aug — Day: Thur

Age: Years: one — Months: 7 — Days: 14

Sex: Female — Color or Race: Colord — Birthplace: Annapolis Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Charles Belt Johnson — Father's Birthplace: Annapolis Md

Mother's Maiden Name: Harriet Green — Mother's Birthplace: Annapolis Md

Name of person giving In formation: Millie Green — How related to deceased: Miss Johnson

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M.D

Address: Annapolis Md

Accident or Suicide:

LIBRARY BUREAU A89516

Name in Full: Laurene Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Glenburnie — County: Anne Arundel

Date of death: Month: August — Day: 13 — Years: — Months: 5 — Days: 23

Sex: Female — Color or Race: Black — Birthplace: Anne Arundel Co

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Alexander Johnson — Father's Birthplace: Ark Md

Mother's Maiden Name: Francis Queen — Mother's Birthplace: Ark Md

Name of person giving information: Francis Queen — How related to deceased: Mother

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Ileo-Colitis — How long: 2 mo

Immediate: Hemorrhage of Bowels — How long: 4 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C R Anderson

Address: Jessup Md

Accident or Suicide?

LIBRARY BUREAU A69818

Name in Full: Emily Lewis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mayo — County: Anne Arundel

Date of death 1904: Month: Aug — Day: 19 — Age: Years: 73 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death: Anne Arundel Co.

~~Married~~, Single or Widowed — Name or Wife or Husband: Louis L. Lewis

Father's Name: Benjamin Carrick — Father's Birthplace: Maryland

Mother's Maiden Name: Rhoda Carrick — Mother's Birthplace: A. A. Co.

Name of person giving In formation: Charlie Lewis — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis — How long: 2 yrs.

Immediate: Heart trouble — How long: 2 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Collinson

Address: South River Md.

Accident or Suicide?

LIBRARY BUREAU A8M016

Name in Full: John Clayton Linton

CERTIFICATE OF DEATH

MARYLAND

Died at Shady Side, Town; A. A. County

Date of death	Month	Day	Age Years	Months	Days
1904	8	5	—	4	

Sex: Male

Color or Race: White

Birthplace: Maryland

Occupation: —

Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Jacob Linton

Father's Birthplace: Maryland

Mother's Maiden Name: Jennie Parks

Mother's Birthplace: Maryland

Name of person giving information: Jacob Linton

How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum

How long: 3 Weeks

Immediate: Convulsions

How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. C. B. Boyd

Address: Shady Side Md.

Accident or Suicide?

LIBRARY BUREAU A8501G

Name in Full: Emiley E. Lewis

CERTIFICATE OF DEATH

Died at: Town: East Pork — County: Anne Arundel — MARYLAND

Date of death: 1904 — Month: Aug — Day: 30 d — Age: Years — Months: 3 — Days

Sex: Female — Color or Race: White — Birthplace: A. A. Co

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Harry H. Lewis — Father's Birthplace: A. A. Co

Mother's Maiden Name: Agnes Lee — Mother's Birthplace: A. A. Co

Name of person giving In formation: Joseph Lee — How related to deceased: Uncle

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Marasmus — How long: 1 month

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. J. Murphy

Address: Pork

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full ~~Ann~~ Mc Lucas

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Annapolis County: Anne Arundel

Date of death 190 — Month: July Day: 21

Age — Years: — Months: 2 Days: 4

Sex: Male Color or Race: Col Birth-place: Annapolis

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: J McLucas Father's Birthplace: Annapolis

Mother's Maiden Name: Eleanora Lucas Mother's Birthplace: Annapolis

Name of person giving information: Thos J McLucas How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum How long: Four days

Immediate: Asthenia How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Accident or Suicide?

PHYSICIAN OR CORONER

Signature of Physician: John Ridout, M.D

Address: Annapolis Md

LIBRARY BUREAU A88516

Name in Full: James. H. Mace.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis; County: Anne Arundel

Date of death 1904: Month: August; Day: 29

Age: Years: 66; Months: 10; Days: 7

Sex: male

Color or Race: White

Birthplace: Annapolis. Md

Occupation: Watchman

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Margaret. E. Mace

Father's Name: John Mace

Father's Birthplace: Annapolis

Mother's Maiden Name: Elesebeth Atkinson

Mother's Birthplace: Annapolis

Name of person giving In formation: John T. Mace

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis

How long: Yrs.

Immediate: Exhaustion

How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm J Riddett

Address: Annapolis

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Elizia Boone Medford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis — County: Anne Arundel

Date of death: 1904 Month: Aug. Day: 9th — Age: Years: 69 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Anne Arundel Co

Occupation: Housewife — Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~: Married — ~~Name of Wife of~~ Husband: Daniel Medford

Father's Name: Thomas Bassford — Father's Birthplace: A. A. Co

Mother's Maiden Name: Mary Freeman — Mother's Birthplace: A. A Co

Name of person giving information: Rebeca B. Jacobs — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Dysentery — How long: 8 days.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo Wells M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A89316

Name in Full [illegible]

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at [illegible] Town | [illegible] County

Date of death 190 [illegible] Month | 22 Day | — Years | 2 Months | 24 Days

Age

Sex [illegible] | Color or Race [illegible] | Birthplace [illegible]

Occupation — | Where Residing if not at place of death —

Married, Single or Widowed — | Name of Wife or Husband —

Father's Name [illegible] | Father's Birthplace [illegible]

Mother's Maiden Name [illegible] | Mother's Birthplace [illegible]

Name of person giving Information [illegible] | How related to deceased [illegible]

CAUSES OF DEATH

Diarrhoea

PHYSICIAN OR CORONER

Primary [illegible] | How long

Immediate | How long

Are the name, age, sex, color, date and place correctly given above?

attended by Record

Accident or Suicide? [illegible]

Signature of Physician A. Worley M.D.

Address Undertaker & Annapolis

LIBRARY BUREAU A38616

Name in Full: Jas Albert Moore

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Solley — County: A A

Date of death: Month: Aug — Day: 19 — 1904 — Age: Years: — Months: — Days: 9

Sex: male — Color or Race: African — Birthplace: A A Co

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Wm A Moore — Father's Birthplace: Virginia

Mother's Maiden Name: Emma Nelson — Mother's Birthplace: Virginia

Name of person giving Information: Wm A Moore — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsions — How long: 3 hours

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L H Brapham

Address: Solley Md

Accident or Suicide?

LIBRARY BUREAU A88518

Dr Craise

Army Ka office

Acorly

Name in Full: Edith Morland.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Greenock — County: Anne Arundel

Date of death 1904 Month: Aug. Day: 16 — Age: Years 22 Months — Days —

Sex: Female — Color or Race: Black — Birthplace: Md.

Occupation: Servant — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Thomas Morland

Father's Name: Saml Smith — Father's Birthplace: Md.

Mother's Maiden Name: Sarah Johnson — Mother's Birthplace: Md.

Name of person giving Information: Thomas Morland — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary tuberculosis — How long: 6 months

Immediate: Asthenia — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. H. Perrie

Address: Mckendree Md.

Accident or Suicide?

LIBRARY BUREAU A66516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: James E. Mosley

Died at — Town: Brooklyn — County: a a

Date of death: 1904 — Month: S — Day: 24 — Age: Years: 2 — Months: 2 — Days: —

Sex: Female — Color or Race: Col — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Jack Mosley — Father's Birthplace: Md

Mother's Maiden Name: — Mother's Birthplace: Md

Name of person giving information: Jack Mosley — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infantile — How long: Several Weeks

Immediate: — How long: —

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Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas E. Brooke

Address: Brooklyn

Accident or Suicide: —

LIBRARY BUREAU

Name in Full: Alexander Moulden

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Shady Side — County: A. A.

Date of death: 1904 — Month: 8 — Day: 23 — Age: Years: 1 — Months: 3 — Days:

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: Colored — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: William Moulden — Father's Birthplace: Maryland

Mother's Maiden Name: Lizzie Gross — Mother's Birthplace: Maryland

Name of person giving In formation: Jacob Moulden — How related to deceased: Uncle

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 1 Week

Immediate: Convulsions — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. C B Boyd

Address: Shady Side Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Ernest Murray

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: St Margarets — County: Anne Arundel

Date of death 1904 — Month: Aug — Day: 5th — Age — Years: About 5 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: St Margarets

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Murray — Father's Birthplace

Mother's Maiden Name: Susie — Mother's Birthplace

Name of person giving In formation: John Murray — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: G. F. Ridout

Address: St Margarets Md.

Accident or Suicide?

LIBRARY BUREAU A33516

Name in Full: Mary Myers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ellicott City — County: Howard

Date of death 1904: Month: Aug — Day: 29th — Age: Years: 69 — Months: 9 — Days:

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband: Henry B. Myers

Father's Name: John Myers — Father's Birthplace: Germany

Mother's Maiden Name: Dont Know — Mother's Birthplace: Dont Know

Name of person giving information: Abram Myers — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis — How long: Seven years

Immediate: Heart failure — How long: Few months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Brayton

Address: Ellicott City

Accident or Suicide?

LIBRARY BUREAU A88516

The Body of Mrs Myers
was entered at Myers
Funeral Home under Order
No 2

Name in Full: Carrie May Pheasler

CERTIFICATE OF DEATH

Died at: Town: Annapolis. County: Anne Arundel. MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Age	Months	Days
1907	Aug.	4	90 y	6 m	

Sex: Female. Color or Race: White. Birthplace: Annapolis

Occupation: Housework. Where Residing if not at place of death:

Married, Single or Widowed: Single. Name of Wife or Husband:

Father's Name: Rob't M. Shinn. Father's Birthplace: Maryland

Mother's Maiden Name: Alice McKenzie. Mother's Birthplace: Md

Name of person giving information: Father. How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Capillary Bronchitis. How long: 3 weeks

Immediate: Apnoea. How long: 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm S Welch

Address: Annapolis

Accident or Suicide?

LIBRARY BUREAU A8881G

Name in Full: Samuel Parker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: East Port — County: A A

Date of death 1904: Month: August — Day: 18th

Age: Years: 2 — Months: 3 — Days:

Sex: Male — Color or Race: Colored — Birthplace: A A Co

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: Samuel Parker — Father's Birthplace: A A Co

Mother's Maiden Name: Laura Johnson — Mother's Birthplace: A A Co

Name of person giving Information: Father — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus — How long: Since Birth

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridgely M D

Address: Annapolis Md

Accident or Suicide:

LIBRARY BUREAU A83516

Name in Full: Frederick Phipps

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Deale Md. County: Anne Arundel Co.

Date of death 1904: Month: Aug. Day: 20

Age: Years: 12 Months: 6 Days: 4

Sex: Male Color or Race: White Birthplace: Deale Md.

Occupation

~~Where Residing~~ if not ~~at place of death~~

TO BE ANSWERED BY NEAREST FRIEND

~~Married, Single or Widowed~~ ~~Name of Wife or Husband~~

Father's Name: Julius Phipps Father's Birthplace: Sudley Md.

Mother's Maiden Name: Rachel C. Ford Mother's Birthplace: Sudley Md.

Name of person giving information: Father How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Follicular Dysentary How long: 14 days

Immediate: Exhaustion How long: 12 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. Sydney Starling M.D.

Address: Deale Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Julius Phipps

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Deale — County: Annearundel Co

Date of death: Month: Aug — Day: 20 — Years: Age 4 — Months: 10 — Days: 2

Sex: Male — Color or Race: White — Birthplace: Deale Md

Occupation — Where ~~Residing~~ if not at place of death

~~Married, Single or Widowed~~ — Name of ~~Wife~~ or Husband

Father's Name: Julius Phipps — Father's Birthplace: Sudley Md.

Mother's Maiden Name: Rachel C. Ford — Mother's Birthplace: Sudley Md.

Name of person giving In formation: Father — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Follicular Dysentary — How long: Ten days

Immediate: Intisinal Perforating — How long: three hours.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. Sydney Starling M.D.

Address: Deale Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Herbert Pinkney

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundel

Date of death: 1904 — Month: August — Day: 3rd — Years: — Months: — Days:

Age: 4 — 6

Sex: Male — Color or Race: colored — Birthplace: Annapolis

Occupation — Where Residing if not at place of death

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Charles Pinkney — Father's Birthplace: Anne Arundel Co.

Mother's Maiden Name: Cornelia Brown — Mother's Birthplace: " "

Name of person giving information: Father — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nephritis — How long: Three months

Immediate: Uremia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: James Pratt Jr Pratt

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Harwood — County: Anne Arundel

Date of death	Month	Day	Age — Years	Months	Days
1904	aug	4	—	One	4

Sex: Male — Color or Race: color — Birthplace: Harwood

Occupation: —

Where Residing if not at place of death: —

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Pratt Jr — Father's Birthplace: Maryland

Mother's Maiden Name: Mary Green — Mother's Birthplace: —

Name of person giving Information: Jesse Pratt Jr — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Unknown — How long: —

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm Morris Talbott

Address: Registrar

Accident or Suicide? neither

Died Anne

LIBRARY BUREAU A88816

Name in Full — Infant Queen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: East Port- County: A. A. Co.

Date of death: Month: Aug. Day: 23 Year: 1904 Age: Years: - Months: - Days: -

Sex: Male Color or Race: Colored Birthplace: East Port-

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Wallie Queen Father's Birthplace: A. A. Co.

Mother's Maiden Name: Sarah Taylor Mother's Birthplace: A. A. Co

Name of person giving Information: Sarah Wright How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Still born How long:

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John Ridout M.D.

Address: Annapolis. Md.

Accident or Suicide?

LIBRARY BUREAU A99816

Name in Full: Howard Queen

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Millersville; County: Anne Arundel; MARYLAND

Date of death: Month: 8; Day: 2; 1904

Age: Years: 7; Months; Days

Sex: male

Color or Race: African

Birthplace: Millersville

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Louis Queen

Father's Birthplace: P. T. Co

Mother's Maiden Name: Angie Hall

Mother's Birthplace: Millersville

Name of person giving Information: Louis Queen

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 2 weeks

Immediate: Perforation of the bowels — How long: 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Du Bois M.D.

Address: Gambrills Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Elisabeth Katherine Louise Robinson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: Aa

Date of death: 1904; Month: Aug; Day: 25

Age: Years: ; Months: 5; Days: 25

Sex: Female; Color or Race: White; Birthplace: Annapolis

Occupation: Infantile; Where Residing if not at place of death: 93 Main Street

Married, Single or Widowed: —; Name of Wife or Husband: ~~Mary R Robinson~~

Father's Name: Harry C Robinson; Father's Birthplace: Baltimor

Mother's Maiden Name: Mary R. Hopkins; Mother's Birthplace: Annapolis

Name of person giving Information: H C Robinson; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero-Colitis; How long: About 10 days

Immediate: Eclampsia; How long: 48 hours.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. H. Thompson M.D.

Address: 193 Church St. Annapolis, Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88816

Name in Full: Freda Schmink

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brooklyn — County: Anne Arundel

Date of death: 1904 — Month: Aug — Day: 25 — Age: Years — Months: 3 — Days: —

Sex: Female — Color or Race: white — Birthplace: Brooklyn

Occupation: — Where Residing if not at place of death: —

Married, Single or ~~Widowed~~ — Name of Wife or ~~Husband~~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John H. Schmink — Father's Birthplace: Baltimore Md

Mother's Maiden Name: Hattie Loeffler — Mother's Birthplace: Germany

Name of person giving information: Hattie Schmink — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro enteritis — How long: 10 days

Immediate: Cardiac failure — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Henry Howard MD.

Address: 1340 S Charles

Accident or Suicide?

105

LIBRARY BUREAU A88516

Name in Full: Schroeder, R. H.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis, Md. County: Anne Arundel Co.

Date of death: 1904 Month: August Day: 31st

Age: Years: 19 Months: Days:

Sex: Male

Color or Race: White

Birthplace:

Occupation: Apprentice, U.S. Navy

Where Residing if not at place of death: Annapolis, Md.

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving In formation: U.S. Santee

How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accidental Drowning

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Charles G. Feldmeyer

Address: Justice of the Peace Acting Coroner Annapolis Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Edward Shubrick

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis — County:

Date of death: 1904 — Month: Aug. — Day: 2 — Age: Years: 37 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Annapolis

Occupation: Fisherman — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Thomas Shubrick — Father's Birthplace: Annapolis

Mother's Maiden Name: Margaret Jacobs — Mother's Birthplace: Annapolis

Name of person giving Information: James Craig — How related to deceased: Brother-in-law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: Four months

Immediate: Sepsis — How long: Two weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo Wells

Address: Annapolis Maryland

Accident or Suicide? No.

LIBRARY BUREAU A0818

Name in Full: Howard L. Simmons

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Brooklyn — County: Anne Arundel

Date of death 1904: Month: Aug — Day: 25th

Age: Years: — Months: 15 — Days:

Sex: Male — Color or Race: White — Birthplace: Brooklyn

~~Married~~, Single or Widowed

Occupation:

Name of Wife or Husband:

Father's Name: James L. Simmons — Father's Birthplace: Balto

Mother's Maiden Name: Susie M. " — Mother's Birthplace: "

Name of person giving information: Father — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Embalism. due to Marasmus disease — How long: Four months

Immediate: Embalism — How long: Five minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Harry Goss M.D.

Address: 1340 E Chase St

Accident or Suicide?

LIBRARY BUREAU A33016

Name in Full: Alfred Simpson

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis — County: Anne Arundel — MARYLAND

Date of death: Month: Aug — Day: 24 — 1904

Age: Years: — Months: 7 — Days:

Sex: Male — Color or Race: Colored — Birthplace: Annapolis

Occupation: — Where Residing if not at place of death: "

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: James Simpson — Father's Birthplace: Africa

Mother's Maiden Name: Susie Brown — Mother's Birthplace: Africa

Name of person giving information: James Simpson — How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Enteritis — How long: Six days

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Pindell M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full: Aff Sis Aretta Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mann — County: A A

Date of death: Month: Aug — Day: 12 — 190 4

Age: Years: 19 — Months: 10 — Days: 5

Sex: female — Color or Race: African — Birthplace: A A Co

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Charles Smith

Father's Name: Wm Thomas — Father's Birthplace: A A

Mother's Maiden Name: Francis Henson — Mother's Birthplace: A A

Name of person giving In formation: Charles Smith — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 10 Months

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J H Brayshaw

Address: Glen Burnie

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Annie Irma Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Marley County: A A

Date of death: 1904 Month: Aug Day: 3

Age: Years: 1 Months: 5 Days: 7

Sex: female Color or Race: African Birthplace: A A Co

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Charles Edward Smith Father's Birthplace: Balto Md

Mother's Maiden Name: Aggie Stevens Mother's Birthplace: A A Co

Name of person giving Information: Charles Smith How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Lungs How long: 4 months.

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Brayshaw

Address: Glen Burnie

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Daniel Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: near Severn — County: Anne Arundel

Date of death 190 4: Month: Aug — Day: 11 — Age: Years: 79 — Months: 3 — Days: 5

Sex: Male — Color or Race: White — Birthplace: A A Co.

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Sydney Millie Bunting

Father's Name: Basil Smith — Father's Birthplace: A A Co Md

Mother's Maiden Name: Mary Hamm — Mother's Birthplace: A A Co

Name of person giving information: Rebecca Smith — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long:

Immediate: Brights Disease — How long: 6 months

Are the name, age, sex, color, date and place correctly given above? 9/10

Signature of Physician: James H Brayshaw

Address: Glen Burnie

Accident or Suicide?

LIBRARY BUREAU A6831G

Name in Full

Certificate of Death

Julirt Ann Amelia Smith

Died at Town: Hanover County: A. A. Co. MARYLAND

Date 1904 Month: 8 Day: 2 | Age Y.: 91 M.: 2 D.: 14 | Native of: Maryland | Occupation: Housewife

~~Male~~ / Female | White / ~~Colored~~ | Married / ~~Single~~ | Widow / ~~Widower~~ | ~~Divorced~~

Number of children living: 4

~~Husband~~ / Wife of: Josephus Smith Sr

Father's Name: Jesse Conway

Mother's Name: Deborah Meek

Cause of Death — Primary: Old age

How long sick: 3 years.

Immediate: Exhaustion

~~Accident, Suicide, Homicide~~

Reported by: Thos. P. Burson MD

Address: Millham Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: John Snowden

CERTIFICATE OF DEATH

MARYLAND

Died at: Pumphrey — Town — County: aa

Date of death 1904 — Month: Aug — Day: 13

Age — Years: — Months: 6 — Days:

Sex: male — Color or Race: — Birthplace:

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Geo Snowden — Father's Birthplace: aa

Mother's Maiden Name: Evgene — Mother's Birthplace: aa

Name of person giving Information: Sam'l Hammond — How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis — How long: 4 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thomas H Brayshaw

Address: Glen Burnie.

Accident or Suicide?

LIBRARY BUREAU A88618

CERTIFICATE OF DEATH

Name in Full: Mary Anna Sorrell

Died at: Town: Ashton Parks | County: Anne Arundel | MARYLAND

Date of death 1904: Month: Aug | Day: 19

Age: Years: | Months: 9 | Days:

Sex: Female | Color or Race: Colored | Birthplace: Annapolis

Married, Single or Widowed: | Occupation:

Name of Wife or Husband:

Father's Name: Thurdane Sorrell | Father's Birthplace: A.A.Co.

Mother's Maiden Name: Mary Thomas | Mother's Birthplace: A.A.Co.

Name of person giving information: | How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis | How long: Since birth

Immediate: Exhaustion | How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mary A. Steward

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: A A

Date of death 1904: Month: Aug; Day: 24; Age: Years: 5; Months: ; Days: 5-

Sex: Female; Color or Race: Colored; Birthplace: Annapolis

Occupation: ; Where Residing if not at place of death: Calvert St #93

Married, Single or Widowed: ; Name of Wife or Husband: ;

Father's Name: Jacob Stewart; Father's Birthplace: A A Co.

Mother's Maiden Name: Maggie Day; Mother's Birthplace: A A Co.

Name of person giving Information: Jacob Stewart; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Trismus Nascentium; How long: Inf. days

Immediate: Asthenia; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [redacted]

Address: [redacted]

Accident or Suicide?

LIBRARY BUREAU A66816

J. A. Adams
Indianapolis

Name in Full: Ellen Baynard Taylor

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Deale — County: Anne Arundel

Date of death 1904 — Month: August — Day: 26 — Age — Years: 31 — Months: 3 — Days: 14

Sex: Female — Color or Race: White — Birthplace: Dover Del.

Occupation: None. — Where Residing if not at place of death: Wilmington Del.

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Alexander J. Taylor — Father's Birthplace: Harrington Del.

Mother's Maiden Name: Wilhelmina W. Baynard — Mother's Birthplace: Wilmington Del

Name of person giving In formation: Alex. J. Taylor — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pyemia — How long: 6 weeks

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo T Dent

Address: Odenton

Accident or Suicide? —

LIBRARY BUREAU A66516

Name in Full: Daniel Leone Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at: Veale — Town: [illegible] — County: A. A.

Date of death: 1904 — Month: Aug — Day: 3 — Age: Years: 1 — Months: 2 — Days: 25

Sex: Male — Color or Race: Colored — Birthplace: A. A. Co., Md

Occupation: None — Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Daniel Thomas — Father's Birthplace: Md

Mother's Maiden Name: Ida Estep — Mother's Birthplace: Md

Name of person giving information: Daniel Thomas — How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 2 Days

Immediate: Convulsions — How long: 3 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo T D Smith

Address: Pikesville

Accident or Suicide? —

LIBRARY BUREAU A66515

Name in Full: P. Trymuski

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Curtis Bay; County: a a

Date of death: 1904; Month: 8; Day: 26; Age: Years: 1; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Md a

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jos. Trymuski; Father's Birthplace: Rus-

Mother's Maiden Name: Sophie Trymuski; Mother's Birthplace: Rus

Name of person giving Imformation: Jos Trymuski; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Enteritis; How long: 3 wks

Immediate: —; How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A Leon V. Brooke

Address: Brooklyn

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: John R. Tydings Jr

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: A. A.

Date of death: 1904 — Month: Aug — Day: 11th — Age: Years 5 — Months 8 — Days 6

Sex: Male — Color or Race: White — Birthplace: 3rd dis A A County

Occupation: Tinner — Where Residing if not at place of death: 94 College Ave

Married, Single or Widowed: Married — Name of Wife or Husband: Mary E Tydings

Father's Name: John Tydings — Father's Birthplace: 3rd dis

Mother's Maiden Name: Mary E Rawlings — Mother's Birthplace: Washington D.C.

Name of person giving Information: John R Tydings Jr — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gun Shot wound — How long

Immediate — How long: 30 minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. Clement Claude M.D.

Address: 9 So. John Street, Annapolis, Md.

Accident or Suicide? Suicide

LIBRARY BUREAU A88816

Name in Full: Edna Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Odenton — County: Anne Arundel — MARYLAND

Date of death 1907: Month: 8 — Day: 16 — Age: Years: — Months: 11 — Days: 26

Sex: female — Color or Race: Black — Birthplace: Odenton

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: single — Name of Wife or Husband:

Father's Name: Edwin Wallace Sr — Father's Birthplace: Odenton

Mother's Maiden Name: Mattie Queen — Mother's Birthplace: Waterloo

Name of person giving information: Edwin Wallace Sr — How related to deceased: Father

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Teething — How long: 2 Mos

Immediate: Exhaustion — How long: 48 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: None

Address: [redacted] Dr Boor's local health Officer Jamboree Md

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Albert Washington

CERTIFICATE OF DEATH

Died at: Town: Annapolis; County: Anne Arundel; MARYLAND

Date of death: 1904 — Month: June; Day: 1st; Age — Years: —; Months: 10; Days: —

Sex: Male; Color or Race: Colored; Birthplace: Annapolis

Occupation: —; Where Residing if not at place of death: 186 Lincoln Place

Married, Single or Widowed: Infant; Name of Wife or Husband: —

Father's Name: Charles Washington; Father's Birthplace: Norfolk Va

Mother's Maiden Name: Virginia Tyler; Mother's Birthplace: A A Co

Name of person giving information: Charles Washington; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dentition — How long: —

Immediate: Meningitis — How long: Three days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide? —

(1)

LIBRARY BUREAU A83616

Name in Full: Caleb Watkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis — County: Anne Arundel

Date of death: 1904 — Month: Aug — Day: 16 — Age: Years: 37 — Months: — Days:

Sex: Male — Color or Race: Colored — Birthplace: Annapolis

Occupation: Laborer — Where Residing if not at place of death: 40 Acton Lane

Married, Single or Widowed: married — Name of Wife or Husband: Alice Watkins

Father's Name: William Green — Father's Birthplace: P.G. Co.

Mother's Maiden Name: Sarah Watkins — Mother's Birthplace: Howard Co

Name of person giving Information: Sarah Watkins — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Internal Injuries — How long: 15 Min

Immediate: result of fall — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. D. Murphy M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Lilly Watts

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Brooklyn — County: A A

Date of death 190 4 — Month: 8 — Day: 1 — Age: Years 1 — Months 2 — Days —

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Infant — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: John Watts — Father's Birthplace: Md

Mother's Maiden Name: Lilly A — Mother's Birthplace: Md

Name of person giving Information: John Watts — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Enteritis — How long: 7 hours

Immediate: Heart failure — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [illegible] M D

Address: Brooklyn Md

Accident or Suicide? No

Subbs

LIBRARY BUREAU A88516

Name in Full: Elizabeth Stansbury Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Marlboro County: Pr Geo

Date of death: Month: Aug Day: 22 1904

Age: Years: 78 Months: Days:

Sex: female Color or Race: Birthplace: Md

Occupation: Housewife Where Residing If not at place of death:

Married, Single or Widowed: Widow Name of Wife or Husband: James L Williams

Father's Name: John Hall Father's Birthplace: Md

Mother's Maiden Name: Mary Dorsey Mother's Birthplace:

Name of person giving In formation: Jas M Williams Jr How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis of Heart How long:

Immediate: How long: 10 Minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W H Brayshaw

Address:

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Mary B Williams

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Robinsons — County: A A

Date of death 1904 — Month: Aug — Day: 3 — Age: Years 75 — Months 2 — Days 19

Sex: female — Color or Race: White — Birthplace: A A Co

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: widow — Name of Wife or Husband: Wesley Williams

Father's Name: A Linder Boone — Father's Birthplace: A A Co

Mother's Maiden Name: — Hancock — Mother's Birthplace: A A Co

Name of person giving Information: Percy Williams — How related to deceased: son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Tuberculosis — How long: several years

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thomas H Brayshaw

Address: Glen Burnie

Accident or Suicide:

LIBRARY BUREAU A88816

Name in Full: Benjamin R Wood

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hanover — County: Anne Arundel

Date of death 1904 — Month: Aug — Day: 26

Age — Years: — Months: — Days: 26

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel Wood — Father's Birthplace: Md.

Mother's Maiden Name: Agnes Brady — Mother's Birthplace: Md

Name of person giving Information: Samuel Wood — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero-Colitis — How long: 2 weeks

Immediate: Convulsions — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G W Kalmer

Address: West River Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Guy W. Woods

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Harwood — County: A A

Date of death: Month: Aug — Day: 26 — 1904

Age: Years: — Months: 9 — Days: 26

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: —

Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Samuel Woods — Father's Birthplace: Md

Mother's Maiden Name: Agnes Maddox — Mother's Birthplace: Md

Name of person giving information: Mr Samuel Woods — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero-Colitis — How long: 3 weeks.

Immediate: Convulsions — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. W. Palmer

Address: West River Md

Accident or Suicide?

LIBRARY BUREAU A68518

Name in Full: John Westley Young

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: West River — County: A. A.

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	Aug	12	Age —	4	2

Sex: Male — Color or Race: Colored — Birthplace: West River Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Geo. Young — Father's Birthplace: Troccus Md

Mother's Maiden Name: Priscilla Jones — Mother's Birthplace: Huntingtn Md

Name of person giving Information: Geo Young — How related to deceased: father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diarrhoea — How long: 2 mo

Immediate: Convulsion — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Guy W. Palmer

Address: West River Md

Accident or Suicide? Neither.

LIBRARY BUREAU A88618